PATENT APPLICATION F DETERMINATION RECORD

Application or Docket Number

	PATEN	Eff	fective B	ember 8		4		'O '		Z 1 4 c	9
		SMALL ENT	TITY	OR	OTHER THAN SMALL ENTITY						
		<u> </u>	(Columi	n 1)		Column 2)	DATE	FEE	1	RATE	FEE
บ.ธ	. NATIONAL :	STAGE FEES					RATE	FCC	-		
BASIC FEE			SMALL ENT.	SMALL ENT. = \$ 150		SE ENT. = \$ 300	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT A (4) = \$50	/\$ 100	All other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			/2 minus 20 =		•		X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			/ minus 3 =				X \$ 100 =		OR	X \$ 200 =	
			I_/		L		+ \$ 180 =		OR	+ \$ 360 =	
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	900
	Γ	(Column 1) CLAIMS REMAINING	AMENDED	(Colu HIGH NUM	mn 2) IEST IBER	(Column 3)	SMALL E	ADDI- TIONAL	OR	OTHER SMALL E RATE	
AMENDMENT A		AFTER AMENDMENT			OUSLY FOR	EXTRA		FEE		X \$ 50 =	- FEL
	Total	æ	Minus	**		=	X \$ 25 =		OR		
	Independent		Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
		TOTAL ADDIT. FEE		ÓR	TOTAL ADDIT. FEE						
										·	
		(Column 1)			mn 2)	(Column 3)		4001	i	ſ	ADDI-
AMENDMENT B		CLAIMS REMAINING AFTER		NUM PREVI	REST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	AMENDMENT	Minus	e*		=	X \$ 25 =		OR	X \$ 50 =	
	Total		Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	Independent * FIRST PRESENTATION OF M		<u> </u>	ENDENT	CLAIM		+ \$ 180 =		OR	+ \$ 360 =	
	FIRST PRES	TOTAL ADDIT.		OR	TOTAL ADDIT. FEE						
							FEE		•		

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 7-28-05 2 Serial/Patent 1#0 / 52 1 4 5 9										
3 Please refund the following fee	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT						
Filing		/	1-18-05	\$ 100						
Amendment				\$						
Extension of Time				\$						
Notice of Appeal/Appeal				\$						
Petition				\$						
Issue				\$						
Cert of Correction/Terminal				\$						
Maintenance					\$					
Assignment					\$					
Other					\$					
	7 TOTAL AMOUNT OF REFUND \$			\$ 100						
	8 TO BE REFUNDED BY:									
10 REASON:	Treasury Check									
Overpayment		Credit Deposit A/C #:								
Duplicate Payment			,020200							
No Fee Due (Explanation):	<u> </u>									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:	<u>ノ</u>	T	ITLE: 🎤	aralegal 300						
signature:	<u> </u>	P	HONE:	200-7140						
OFFICE:										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED:	DAT	E: _								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B